

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		2		1			54	
5		2		1			55	
6		2		1			56	
7	1		1				57	
8		1		1			58	
9	1		1				59	
10	1		1				60	
11		1		1			61	
12		1		1			62	
13		1		1			63	
14		4		1			64	
15		①		1			65	
16		②		1			66	
17				1			67	
18				1			68	
19				1			69	
20				1			70	
21							71	
22							72	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			4				TOTAL IND.	
TOTAL DEP.			16				TOTAL DEP.	
TOTAL CLAIMS			20				TOTAL CLAIMS	